



# REC. CANNABIS PERMIT APPLICATION

Community Development Department

VILLAGE OF LOS LUNAS  
660 Main Street NW  
Los Lunas, NM 87031  
(505) 839-3842

## 1. APPLICANT, BUSINESS, AND LICENSE INFORMATION

**Applicant(s)** \_\_\_\_\_ **Business** \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
NM CRS Identification No. \_\_\_\_\_ NM Cannabis License No. \_\_\_\_\_  
Are you the property owner? ☐ Yes ☐ No *If no, please complete the following section:*  
**Property Owner(s)** \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

## 2. PROPERTY INFORMATION

Address \_\_\_\_\_ City Los Lunas State NM Zip 87031  
Property Identification Number (UPC) \_\_\_\_\_  
Current Land Use \_\_\_\_\_ Current Zoning \_\_\_\_\_ Main Street Overlay 1 2 3 4 N/A

What is the distance in feet to the closest significant facility below? Measure distance from property line to property line in all directions. If you return no results within 300ft, enter N/A.			
Facility	Distance	Facility	Distance
Daycare Center	Feet	School	Feet

## 3. CANNABIS ESTABLISHMENT TYPE

Check the cannabis activity type(s) that will be present on the licensed premises.			
License Type	Check Box	License Type	Check Box
Cannabis Testing/Research Lab	<input type="checkbox"/>	Cannabis Retailer	<input type="checkbox"/>
Cannabis Producer Microbusiness	<input type="checkbox"/>	Cannabis Producer	<input type="checkbox"/>
Integrated Cannabis Microbusiness	<input type="checkbox"/>	Cannabis Manufacturer	<input type="checkbox"/>
Vertically Integrated Cannabis Establishment	<input type="checkbox"/>	Cannabis Consumption Area	<input type="checkbox"/>

## 4. SIGNATURE(S) OF AUTHORIZED APPLICANT(S)

I understand my signature indicates that all of the information contained on this application is true and correct, and that the Community Development Department approval of this Recreational Cannabis Permit is dependent upon me abiding by all regulations found in the Village of Los Lunas Municipal Code, Title 17.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## TO BE FILLED OUT BY STAFF

DATE RECEIVED:

PERMIT #

NOTES

For Cashier's Use Only

Zone \_\_\_\_\_ MSO: 1 2 3 4 N/A Outside Buffer: ☐ Yes ☐ No

CU/DU Permit Required: ☐ Yes ☐ No *If yes, Case Number:* \_\_\_\_\_

☐ **APPROVED** ☐ **DENIED** REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION FEE (Per Table 17.14.060 of the Municipal Code)

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# ADDITIONAL REQUIRED DOCUMENTATION

Please include the following with your application:

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REVIEW OF MUNICIPAL CODE

Requirements and procedures are covered in the following chapters of the Los Lunas Municipal Code:

- Chapter 13.24: Water Rights Required
- Title 15: Buildings and Construction
- Title 17: Article III: Allowable Uses
- Section 17.14.020 Development Procedures

Applicants may review the Municipal Code in the Village of Los Lunas Administrative Office, 660 Main Street N.W. Los Lunas, New Mexico from 8:00 to 5:00 p.m. Monday through Friday. The Municipal Code is also available for review on the Village of Los Lunas website, at [www.loslunasnm.gov](http://www.loslunasnm.gov).

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PRE-APPLICATION MEETING

The applicant shall meet with a staff planner to discuss the application and process. The pre-application meeting is valid for three (3) months from the date of the initial pre-application meeting.

During the pre-application meeting, it will be determined if an additional zoning action is required (zone change, designated use, or conditional use).

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CANNABIS CONTROL DIVISION APPLICATION & LICENSE

Each Los Lunas Recreational Cannabis Application must include a copy of the complete NMRLD Cannabis Control Division application and license.

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|--|---|
| <input type="checkbox"/> VLL Business Registration & CCD License | <input type="checkbox"/> Building and Site Plan   |
| <input type="checkbox"/> Fire Inspection                         | <input type="checkbox"/> Property boundary with licensed structure(s)   |
| <input type="checkbox"/> Zoning Verification                     | <input type="checkbox"/> Interior Floor Plan: Equipment, walls, doors, windows, lights with max wattage or equivalent, & room descriptions. |
| <input type="checkbox"/> Premises Ownership Statement            | <input type="checkbox"/> Location & dimensions of cultivation/storage areas   |
| <input type="checkbox"/> Water Rights                            |   |
| <input type="checkbox"/> Water and Energy Plan                   |   |

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CASHIER’S VALIDATION

Upon review and approval of the application by the Department, the required fee shall be paid only by cash or check at the Cashier. Approved permits shall only be issued and considered valid upon payment of applicable fees. Fees are nonrefundable.